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CONFIRMATION NO. 8853

<b>SERIAL NUMBER</b> 10/656,245	<b>FILING OR 371(c) DATE</b> 09/08/2003 <b>RULE</b>	<b>CLASS</b> 604	<b>GROUP ART UNIT</b> 3763	<b>ATTORNEY DOCKET NO.</b> GMMD-1-1002	
<b>APPLICANTS</b> Gary J. Mullen, Pensacola, FL; <b>** CONTINUING DATA *****</b> NONE <b>** FOREIGN APPLICATIONS *****</b> NONE <i>mann 9/28/06</i> <b>IF REQUIRED, FOREIGN FILING LICENSE GRANTED ** SMALL ENTITY **</b> ** 12/01/2003					
Foreign Priority claimed <input type="checkbox"/> yes <input checked="" type="checkbox"/> no 35 USC 119 (a-d) conditions <input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> Met after met Verified and Acknowledged <i>met a mo</i> Examiner's Signature Initials		<b>STATE OR COUNTRY</b> FL	<b>SHEETS DRAWING</b> 9	<b>TOTAL CLAIMS</b> 17	<b>INDEPENDENT CLAIMS</b> 1
<b>ADDRESS</b> 25315					
<b>TITLE</b> Apparatus for treating pneumothorax and/or hemothorax					
<b>FILING FEE RECEIVED</b> 1075	<b>FEES:</b> Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:		<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees ( Filing ) <input type="checkbox"/> 1.17 Fees ( Processing Ext. of time ) <input type="checkbox"/> 1.18 Fees ( Issue ) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit		